

Practice Guidelines Initiative

Missouri Department of Mental Health's Approach to Developing and Implementing Practice Guidelines in Services and Supports

Background

Currently, there are over 30 different kinds of “practice guidelines” either developed or in development across the country for mental health, substance abuse treatment and mental retardation/developmental disabilities services/supports. These range from diagnosis or disease-specific guidelines (e.g., APA, ApA, Expert Consensus Group, AHCPR, PORT, AACAP, Practice Guideline Coalition, the TMAP or Texas Medication Algorithm Project, etc.) to population-specific (e.g., adult, child, geriatric, VA, substance abuse, SMI, etc.). In addition, many private sector companies (e.g., HAI, Value/Options, Magellan, UBH) and some public sector entities (e.g., the Ohio Department of Alcohol and Drug Addiction Services, the Connecticut Department of Mental Health and Addiction Services, and MetNet) are creating functional level guidelines that guide practice through use of levels of care for utilization management purposes.

Everyone seems to agree that practice guidelines are critical to high quality care to eliminate ineffective care and to reduce unjustified treatment variances. Everyone also seems to agree that best practices should be identified and followed. However, there is not a commonly accepted understanding about what “best practices” means, what should constitute a practice guideline, or just how much and what kind of evidence is sufficient to justify calling something an “evidence-based best practice” and merit its inclusion in a practice guideline. The only true exception to this is medications for a single diagnosis (e.g., depression) without co-occurring illnesses. Even at this, the evidence continues to mount showing different results, depending on the nature of the desired outcome (e.g., the newest research on the atypical medications shows little true improvement in symptom reduction, although there is some evidence that compliance is increased due to reduced side effects).

As indicated above, there are an increasing number of practice guidelines, some based on evidence and some based more on a consensus of values and clinical judgment. These guidelines have different purposes and different levels of specificity. There is no consensus in the field about which guidelines are best and for what purpose. Furthermore, there is no evidence to date that the development or promulgation of practice guidelines results in the implementation of those guidelines or actual improvement in treatment or service/support outcomes.

Additionally, consumers and families nationally have expressed considerable concern about the use of practice guidelines, feeling that these guidelines do not generally take into account a self-determination or recovery approach, or the myriad unique

considerations for individual clients. They are concerned that practice guidelines will result in a “cookie cutter” approach to care, support, and treatment. Even clinical/medical directors responsible for overseeing the practice of psychiatrists in a variety of settings indicate that practice guidelines allow some clinicians to ignore the responsibilities of good clinical judgment, instead using practice guidelines to justify medication and treatment decisions that are not the most helpful to clients, but are within the guidelines promulgated by the institution or guild of which he/she is a member.

The Value of a Practice Guidelines Initiative in Missouri

Given the pitfalls of existing practice guidelines, the question can be asked, what is the value of developing and implementing a Practice Guidelines Initiative for DMH services affected by System Redesign? According to the American College of Mental Health Administrators (ACMHA), John Rush of the Texas Medication Algorithms Project, and others, the true value in such a group comes from the development of consensus about the appropriate ways in which practice should be conducted in key areas of a system, especially one in the midst of redesign with the stated purpose of improving quality and accountability, increasing consumer and family input, and promoting self-determination and recovery of persons in need of services and supports.

If consensus is a key goal, then simply having DMH indicate which of the 30 plus guidelines already out there will be adopted and soliciting input about how to get them implemented will not suffice. Rather, the Practice Guidelines Initiative participants will need to be empowered to address a number of issues and to adjust guidelines or practices to include not only scientifically proven practices, but values-based practices that may not yet be proven or may even be difficult to prove scientifically. This discussion and consensus building will be just as important to the changing of attitudes and treatment or service/support behaviors as will the promulgation of specific practice guidelines.

Definition of Terms

DMH will define key terms as follows:

Best Practices – broad consensus based on empirical or applied evidence or on values and experience among practitioners, providers, consumers, families, and the state regarding those values, attitudes, skills, knowledge and approaches or practices that are believed to be most likely to result in good outcomes for Missouri consumers.

Practice Guidelines¹ – specific guidelines to assist consumers and practitioners in decision-making about treatment, services, and supports for persons with specific diagnoses and/or levels of care and for the implementation of specific services within

¹ Another term often used is **critical (or clinical) pathway**. It means a type of practice guideline that suggests ideal sequence and timing of actions designed to achieve the goals of consumers and providers with optimal efficiency. Pathways are often checklists utilized in inpatient or other controlled settings and are designed to coordinate over time the daily progress of a typical consumer with an uncomplicated and specified diagnoses or clinical circumstance.

the constraints of available resources, based on a consensus about the best scientific or other information available. Practice guidelines usually include general criteria for each potential clinical or service decision point and offer a preferentially ranked array of choices along with the level of evidence supporting each choice and indicating some choices that are not recommended. Practice guidelines may be written in the form of handbooks, manuals, patient education materials, or level of care instruments.

Algorithms²– the most specific set of guidance (including the identification of assessment tools or instruments) regarding treatment and service/support delivery approaches based on the strongest scientifically sound evidence and which offer a step by step approach to be employed by practitioners to treat and/or serve persons with specific diagnoses or needs. Algorithms include rule based deductive flow chart with inputs, sequences, timeframes and outputs that direct choices through use of explicit criteria using standardized measures at each decision point.

Values

The values articulated in System Redesign will guide the Practice Guidelines Initiative. In addition, DMH adopts the following values specific to the initiative:

1. Practice Guidelines will be adopted by DMH to guide the delivery of services and supports throughout Missouri.
2. Adopted practice guidelines will be based upon evidence to the extent available, consensus opinion and values of DMH, experts and consumers/families where evidence is unclear.
3. Adopted practice guidelines will not tell practitioners or consumers/families what to do about a particular individual's care, but rather will provide guidance to facilitate individualized decision-making within acceptable professional boundaries and in the least restrictive environment.
4. Wherever reasonable for both consumers and providers, adopted practice guidelines will offer acceptable choices within available and effective treatment and service alternatives, including non-traditional self-help, peer support, and culturally specific options.
5. Adopted practice guidelines will encourage the most cost-effective approach to treatment services and supports that are results-oriented and promote the self-determination and recovery of system participants and their families.
6. Adopted practice guidelines will be examined and revised frequently in response to changing knowledge about effective treatments, services, and supports.
7. Consumers and families will be involved in and trained with equal effort, resources, and detail, as are providers and practitioners about adopted practice guidelines.

² Another term used by some is **protocols**. This term refers to a situationally-specific set of directions to practitioners most commonly seen in efficacy research or in prescribed settings where clinical, safety and/or financial risk are all high, for example, crisis services.

Charge to the Practice Guidelines Consensus Group

The Practice Guidelines Consensus Group will be a standing group advising the Missouri Department of Mental Health and will be asked to develop practice guidelines in key areas identified by consumers/families, experts, clinicians, DMH, and other stakeholders.

Using the best evidence and expert consensus available, and in keeping with DMH values of System Redesign and this effort as described elsewhere in this paper, the Practice Guidelines Consensus Group will be charged with the following tasks:

1. Develop recommendations to DMH regarding best practices, practice guidelines, and algorithms, (and where appropriate clinical pathways or protocols) that DMH should adopt, utilize or endorse in the following task areas:
 - A. *Standardized screening and comprehensive assessment* for all individuals seeking services and supports, to determine the appropriate level of care based on appropriate diagnoses and determination of individual strengths and service/support needs (special attention should be given to those individuals or conditions identified below as priorities);
 - B. *Comprehensive treatment/habilitation and service/support planning* appropriate for each level of care including the role of the consumer in guiding his/her service/support plan;
 - C. *Effective treatment and services/supports* at each level of care for DMH priority populations or conditions including, but not limited to:
 - Child/adolescent medication practices for key diagnoses;
 - Adults with co-occurring disorders of mental illness and substance abuse or addiction;
 - Substance abuse relapse prevention;
 - Substance abuse treatment and services in state operated psychiatric facilities;
 - Adults and adolescents with heroin and other opiate addictions;
 - Gender specific programming and services for individuals with substance abuse, addictions and mental illness;
 - Children/adolescents with conduct disorders;
 - Medications and treatments for adults with depression;
 - Children and adolescents with co-occurring MI and MR/DD
 - Treatment and management of seizure disorder in MR/DD
 - Treatment and management of spasticity
 - Adults with schizophrenia;
 - Adults with bipolar disorders;
 - Adults with obsessive compulsive disorders;
 - Adults with personality disorders;

- Adults with co-occurring disorders of mental retardation/developmental disability and mental illness; and
- Adults and children/adolescents with multiple psychiatric disorders.
- Adults and children/adolescents with trauma related disorders;
- Medications and therapeutic interventions for autism

D. *Methods for supporting self-determination and recovery;*

E. *Methods for implementing the recommended practice guidelines* including but not limited to education efforts for providers, practitioners, consumers, and their families; and

2. Recommend areas and a framework for future development of practice guidelines; recommend a work plan for FY 2002.

Approach to the Tasks

The Practice Guidelines Initiative will begin with five areas in the charge:

- standardized screening and assessment processes and tools;
- methods for supporting self-determination and recovery;
- effective treatment and services for child/adolescent medication practices;
- effective treatment, services, and supports for individuals with mental retardation/developmental disabilities and mental illness; and
- effective treatment and services for adults with co-occurring substance abuse disorders and mental illness.

In so doing, the Practice Guidelines Initiative will be asked to consider initially at least the following existing practice guidelines and algorithms:

- The Texas Medication Algorithm Project (TMAP) for medication of adults with depression, schizophrenia, and bipolar disorders;
- The PORT guidelines for treatment and services for adults with schizophrenia;
- The National Association of Case Management (NACM) guidelines for case management for adults with serious mental illness;
- The Tri-University Expert Consensus on treatment and services for adults with schizophrenia and bipolar disorders;
- The Treatment Improvement Protocols (TIPS) for women and children with substance abuse and addictions, for persons with opiate addictions, for persons with co-occurring disorders, for persons with cognitive disabilities, for detoxification, for adolescents, for naltrexone and alcoholism treatment, for intensive outpatient treatment, and for stimulant use disorders;
- The Expert Consensus Guideline on Treatment of Psychiatric and Behavioral Problems on Mental Retardation;
- The Center for Substance Abuse Treatment (CSAT) accreditation standards for methadone treatment programs;

- The National Association of Mental Health Program Directors (NASMHPD) and National Association of State Alcohol and Drug Addiction Directors (NASADAD) jointly developed framework for treating persons with co-occurring disorders;
- The American Psychiatric Association Practice Guidelines;
- The assessment and minimum data set (modified ASI) currently utilized by ADA and the common screening tool being developed by the ADA and CPS work group;
- The American Academy of Child and Adolescent Psychiatry Practice Parameters;
- Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care – Promising Practices in Children’s Mental Health; and
- The Surgeon General’s Report on Mental Health.

For each task, the Practice Guidelines Consensus Group will be instructed to consider self-determination and recovery as the guiding principle or ultimately desired outcome. Each practice guideline (service management expectation, practice guideline, or algorithm) will include the following elements:

1. Description of the diagnosis, condition, or population;
2. Principles for self-determination and recovery specific to the diagnosis, condition, or population;
3. Methods to assure appropriate screening, assessment and profiling of the person’s treatment, service, or support needs;
4. Medications to be used (if any) and medications to be avoided;
5. Appropriate method and quantity of medication administration (if any);
6. Preferred treatment services and supports to effectively address the diagnosis, conditions, or population;
7. Required and preferred staff competencies for administering/delivering the service/support, including cultural and linguistic competencies;
8. Required or preferred Instruments, tools, or steps in assessing, planning and delivering the treatment services and supports;
9. Expected results;
10. What adjustments to make at what points in time if the expected results do not occur;
11. Methods for assuring active and meaningful consumer (and family where appropriate) voice and choice in the treatment and service/support delivery process; and
12. Educational materials for practitioners and for consumers and families to assist in understanding and implementing the practice guidelines.

Structure to Accomplish the Tasks

The Practice Guidelines Initiative will be guided by a Steering Committee led by two co-chairs. One co-chair will be a clinician and the other a consumer/family member. The other steering committee members will include providers, clinicians, consumers, families, advocates and academicians. The clinicians and academicians will be

multidisciplinary and the total membership will be balanced in its MR/DD, substance abuse and mental health expertise. Steering Committee members will serve staggered 3-year terms.

The Steering Committee will plan the process of guideline development, recommend appointment to research/writing teams that will develop the guidelines, oversee the work of the research/writing teams and convene semi-annual Practice Guidelines Initiative Consensus Group meetings.

The research/writing teams will be 8-10 member groups that are diverse and multidisciplinary as appropriate to the topic. There will be at least 2 consumer/family members on each. Each writing team will have one Steering Committee member and one or more DMH staff to support it. Participation on a given writing team will be time-limited, ending when the recommended guideline(s) and accompanying educational materials are ready for distribution.

The Practice Guidelines Initiative Consensus Group will consist of the Steering Committee, all current research/writing teams and other members as necessary to assure broad, diverse and effective representation of all DMH stakeholders. The writing teams will report semi-annually to the Practice Guidelines Consensus Group as a whole to ensure issues across writing teams are discussed and coordinated and to expose proposed guidelines to review and comment by representatives of all interested parties.

The Figure below depicts the structure of the Practice Guidelines Initiative.



Figure 2

Use of the Practice Guidelines Initiative's Recommendations

DMH will consider the Practice Guidelines Consensus Group's recommendations and either reject, adopt or modify them for use as follows:

1. implement as voluntary guidance at first with an evaluation component;
2. implement as requirements within state operated programs where appropriate;
3. after evaluation, mandate appropriate portions of them to be used in rules and regulations and/or with contract and financial implications;
4. consider their use as guidance to the field when differences of opinion about treatment, services, and supports occur, e.g., in grievance and appeal processes; and

5. eventually use them to evaluate the services/supports and efforts of providers or regional structures.

The Practice Guidelines Consensus Group will be asked to suggest methods for implementing their recommendations, although DMH will make the final determination about implementation and uses.

Roles of Providers, Clinicians, Consumers, Families, Advocates, Academicians

Representatives of each of these perspectives will be members of the Practice Guidelines Consensus Group, with each having an equal voice. At least one of each will be on each writing team. Academicians will be asked to bring to bear their knowledge of research and literature; providers their knowledge of what will work or create difficulties in the real world; consumers and families their knowledge of what they believe will make a difference in their lives. Each writing team will have at least two consumers/families on it to ensure their voice is represented and heard.

Role of Universities and/or Consultants

University faculty or personnel (MIMH) and DMH consultants (TAC, Inc.) will be made available to:

- provide advice and materials regarding work in the field;
- research the literature and/or activities of other states on specific issues and topics as requested by DMH staff;
- write and/or edit as requested by DMH staff, based on writing teams' request for assistance;
- facilitate Practice Guidelines Consensus Group or writing team meetings, if desired by DMH; and
- provide general advice on process and direction, as requested by DMH.

Other experts and interested parties will be asked to participate in providing advice and input into writing team activities.

Implementation of Practice Guidelines

The national experience to date with practice guidelines and best practices is that they are easier to develop than to implement. The Department of Mental Health Practice Initiative will use several strategies to promote the adoption and implementation of the guidelines it develops.

Achieving consensus within the local community of providers and consumers that particular guidelines are valid and useful has been shown to be essential to acceptance and implementation in prior practice guideline projects. The steering committee and the research writing teams will be constructed to be representative of the broad provider and consumer community in Missouri.

Initially the work of the steering committee will focus on developing and instructing the individual research writing teams for each topic. Once the research writing teams are formed, the steering committee's focus will turn to how to facilitate and implement practice guidelines as they are made available.

Preparation for the adoption and implementation of guidelines must begin in the development phase. Part of the task for the steering committee and research writing teams is to promote the usefulness and adoption of guidelines with their associates and colleagues.

Research writing teams will be asked to review guidelines as a starting point in order to speed the development process and move more promptly towards implementation.

It is anticipated that research-writing teams will retain national level experts to help advise them on the development of the guidelines. When this occurs, this will provide an opportunity to have the visiting experts speak regarding the topic guideline at statewide or regional meetings throughout Missouri as a way of educating the broad provider and consumer community about that particular topic and practice guideline.

The steering committee and the practice guideline consensus group will make use of consultants from other states that have experience in developing and implementing practice guidelines such as the West Training Institute in New Hampshire, The Centers of Excellence approach used by Ohio, and the Texas Medication Algorithm Project (TMAP) in Texas.

Finally, since the Department believes that well educated consumers and families are the most powerful change agents in any system, the steering committee and research writing teams will be instructed to focus their implementation and educational activities, at least as much towards consumers and their families, as towards clinicians and providers.

The Department of Mental Health expects that the implementation of practice guidelines will help Missourians to be free to live their lives and pursue their dreams, beyond the limitations of mental illness, developmental disabilities and alcohol and other drug abuse by improving the quality of, access to, continuity of care.